

CITY OF HOPEWELL, VIRGINIA

Commissioner of the Revenue P.O. Box 1604 Hopewell, Virginia 23860 Phone: (804) 541-2237 Fax: (804)541-2207

APPLICATION FOR REAL PROPERTY TAX RELIEF FOR VETERANS WITH 100% SERVICE-CONNECTED DISABILITY

QUALIFICATIONS:

- Disability of Veteran must be 100% service-connected AND permanent AND total.
- Residence must be Veteran's primary residence (proof, such as resident State tax return, may be requested).
- Spouse (if applicable) must also be identified.
- Deceased Veteran (if applicable) must have died on or after January 1, 2011.
- Surviving Spouse (if applicable) must not be remarried.
- Surviving Spouse (if applicable) must continue to reside in primary residence.

REQUIRED DOCUMENTATION:

Name of Veteran (Last, First, Middle Initial):

• Certification of disability from the Department of Veterans Affairs indicating the disability is: (a) 100% service-connected, AND (b) permanent, AND (c) total.

APPLICANT INFORMATION:

Phone #:

Social Security #:

- A copy of a recent utility bill for the personal residence.
- (If applicable) Copy of Veteran's death certificate showing death occurred on or after January 1, 2011.

Name of Spouse (Last, First, Middle Initial):	Social Security #:		Phone #:	
Address of primary residence to be granted Local Real	Estate Tax Relief:			
Mailing Address (if different from primary residence ad	ldress):			
Is the above listed primary residence occupied by the Veteran?		YES	NO	
Is the above-listed primary residence occupied by the Veteran's surviving spouse?		YES	NO	
Is the above-listed Primary Residence jointly owned by the Veteran and Spouse?		YES	NO	
If the Veteran is deceased, has the above-named Surviving Spouse remarried?		YES	NO	
Certification of Disability from the U.S. Department of Veterans Affairs is attached:		YES	NO	
	CERTIFICATION:			
office the original, designated U.S. Department of Veteran Affairs letter issued to me attesting to my 100% service-connected, permanent, and total disability, and that I understand I must reapply for tax relief if my primary place of residence changes. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief. Signature of Applicant/Owner Signature of Co-Owner/Spouse Date				
0 22				
(Or) SURVIVING SPOUSE OF VETERAN: I declare, under penalty of perjury, that I am the Surviving Spouse of the above-listed Veteran, that I have presented to this office a certified copy of the Veteran's death certificate confirming a date of death on or after January 1, 2011 that I continue to occupy the above-listed physical address as my primary place of residence, that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to the Veteran attesting to his/her 100% service-connected, permanent, and total disability, and that I have not remarried. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.				
Signature of Surviving Spouse		Date		
Signature of Preparer (if not Applicant)	Relationship	Telephone N	0.	 Date

IMPORTANT INFORMATION:

Pursuant to Article X, Section 6-A of the Constitution of Virginia, the General Assembly exempted from taxation the real property up to one acre, including the joint real property of husband and wife, of any Veteran who has been rated by the U.S. Department of Veterans Affairs or its successor agency pursuant to federal law to have a 100 percent service-connected, permanent and total disability, and who occupies the real property as his/her primary place of residence.

The Surviving Spouse of a Veteran eligible for the exemption under this Article shall file with the Commissioner of the Revenue an Application, including Certification:

- (a) Setting forth the name of the disabled Veteran and the name of the Spouse (if any) also occupying the real property,
- (b) Indicating whether the real property is jointly owned by the husband and wife,
- (c) Certifying that the real property is occupied as the primary residence by either the Veteran or Surviving Spouse (if applicable), and
- (d) Certifying that the Surviving Spouse (if applicable) has not remarried.

The Veteran or Surviving Spouse shall also provide documentation from the U.S. Department of Veterans Affairs or its successor indicating that the Veteran has a 100 percent service-connected, permanent, and total disability. The Veteran shall be required to refile the information required by this section only if the veteran's principal place of residence changes. In the event of a surviving spouse of a veteran claiming the exemption, the surviving spouse shall also provide documentation that the veteran's death occurred on or after January 1, 2011.

Privacy Act Notice: Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code, Section 58.1-3017. Social security numbers are regarded as confidential, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

FOR OFFICE USE ONLY			
Date Application Received:	Account #:		
Owners:	Parcel #:		
Qualifies for Relief: YES N	If no, explain:		
Land Value (up to 1 acre):	Total Tax:		
Relief Amount:	Adjusted Tax:		